



# MARYLAND PHARMACY PROGRAM

## Medicaid - Pharmacy Assistance – Pharmacy Discount

No. 4B  
Friday, December 12, 2003

# ADVISORY

In an effort to give timely notice to the pharmacy community concerning important pharmacy topics, the Department of Health and Mental Hygiene's (DHMH) *Maryland Pharmacy Program* (MPP) has developed the **Maryland Pharmacy Program Advisory**. To expedite information timely to the pharmacy and prescriber communities, an email network has been established which incorporates the email lists of the Maryland Pharmacists Association, EPIC, Long Term Care Consultants, headquarters of all chain drugstores and prescriber associations and organizations. It is our hope that the information is disseminated to all interested parties. If you have not received this email through any of the previously noted parties or via DHMH, please contact the MPP representative at 410-767-5395.

### **REVISED PREFERRED DRUG LIST (PDL): CUMULATIVE UPDATE FOR RETAIL PHARMACIES**

**As of December 12, 2003**

The Department of Health and Mental Hygiene's Pharmacy and Therapeutics Committee continues development of the Preferred Drug List (PDL). This Advisory provides pharmacies sufficient notice of the additional therapeutic classes. **This Advisory #4B and the attached PDL supersede any former PDL versions.** Please note that all Maryland Medicaid rules and edits remain in effect. Full consideration for the recipient continues to be a top priority. The prescriber and pharmacist are encouraged to review the available options for drug therapy within the Preferred Drug List. Recipients having problems obtaining prescribed medications from the pharmacy may call the Maryland Pharmacy Access Hotline at 1-800-492-5231. If you (the pharmacy) have any questions, contact the Department at 410-767-1455.

#### **For Additional Information**

To obtain current and additional information about the Maryland Preferred Drug List, please feel free to visit the following websites:

Department of Health and Mental Hygiene <http://www.dhmh.state.md.us/mma/mpap/prefdruglist.html>

Provider Synergies <http://providersynergies.com>

First Health Services Corporation <http://mdmedicaidrx.fhsc.com>

# Maryland Preferred Drug List

December 12, 2003

*Note: For any multi-source product, the generic product(s) are usually preferred and branded innovator product(s) will be non-preferred.*

**Only drugs listed within the therapeutic categories are affected by the PDL. Therapeutic categories not listed here are not part of the PDL and will continue to be covered for Maryland Pharmacy Program patients.**

## ANALGESIC

### Anti-Migraine Agents, Triptans (Anti- Migraine Preparations)

Effective as of January 7, 2004

#### Preferred

Amerge  
Imitrex (oral, nasal & subq)  
Maxalt, MLT

#### Requires Prior Authorization

Axert  
Frova  
Relpax  
Zomig, Nasal, ZMT

### Nonsteroidal Anti-Inflammatories/COX II Inhibitor (NSAIDS, Cyclooxygenase Inhibitor – Type)

Effective as of November 19, 2003

#### Preferred

diclofenac potassium (Cataflam)  
diclofenac sodium, XL (Voltaren, XR)  
etodolac, XL (Lodine, XL)  
fenoprofen (Nalfon)  
flurbiprofen (Ansaid)  
ibuprofen (Motrin)  
indomethacin, SR (Indocin, SR)  
ketoprofen (Orudis, Oruvail)  
ketorolac (Toradol)  
meclofenamate (Meclomen)  
nabumetone (Relafen)  
naproxen (Naprosyn)  
naproxen sodium, DS (Anaprox, DS)  
oxaprozin (Daypro)  
piroxicam (Feldene)  
sulindac (Clinoril)  
tolmetin, DS (Tolectin, DS)

#### Requires Prior Authorization

Arthrotec  
Bextra  
Celebrex  
Mobic  
Ponstel  
Vioxx

### Narcotic Analgesics

Effective as of January 7, 2004

#### Preferred

acetaminophen w/codeine (Oral)  
aspirin w/codeine (Oral)  
Avinza (Oral)  
butalbital/apap/caffeine (Oral)  
butalbital/caff/apap/codeine (Oral)  
codeine phosphate/sulfate (oral)  
Duragesic (Transderm)  
hydrocodone bit-ibuprofen (Oral)  
hydrocodone w/acetaminophen (Oral)  
hydromorphone HCl (Oral)  
Kadian (Oral)  
meperidine HCl (Oral)  
morphine sulfate/IR (Oral)  
oxycodone HCl (Oral)  
oxycodone w/acetaminophen(Oral)  
oxycodone w/aspirin (Oral)  
Panlor DC/SS (Oral)  
pentazocine-naloxone (Oral)  
propoxyphene HCl/compound (Oral)  
propoxyphene HCl w/apap (Oral)  
propoxyphene napsylate w/apap (Oral)  
roxicodone (Oral)  
tramadol HCl (oral)  
Ultracet (Oral)

#### Requires Prior Authorization

Darvon-N (oral)  
Percocet (Oral)  
Oxycontin (Oral)  
Synalgos-DC (Oral)  
Actiq (Buccal)

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## ANTI-INFECTIVES

### Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics) Effective as of January 21, 2004

#### Preferred

griseofulvin (Fulvicin)  
ketoconazole (Nizoral)  
nystatin  
Diflucan  
Grifulvin V  
Lamisil

#### Requires Prior Authorization

Ancobon  
Mycelex Troche  
Mycostatin Pastilles  
Sporanox  
Vfend

### Antifungals, Topical (Topical Antifungals) Effective as of January 21, 2004

#### Preferred

clotrimazole (Lotrimin)  
clotrimazole/betamethasone (Lotrisone)  
econazole (Spectazole)  
ketoconazole (Nizoral)  
nystatin (Mycostatin)  
nystatin/triamcinolone (Mycolog II)  
Exelderm  
Naftin  
Nizoral Shampoo  
Oxistat

#### Requires Prior Authorization

Loprox  
Loprox Shampoo  
Mentax  
Penlac

### Antivirals (Antivirals, General) Effective as of December 17, 2003

#### Preferred

acyclovir (Zovirax)  
amantadine (Symmetrel)  
rimantadine (Flumadine)  
Cytovene  
Famvir  
Tamiflu  
Valcyte

#### Requires Prior Authorization

Relenza  
Valtrex

### Cephalosporin and Related Agents (Cephalosporins, Second and Third Generation, Penicillins)

Effective as of January 21, 2004

#### Preferred

amoxicillin/clavulanate (Augmentin)  
cefaclor (Ceclor, CD)  
cefadroxil (Duricef)  
cefuroxime (Ceftin)  
cephalexin (Keflex)  
Augmentin ES-600, XR  
Omnicef  
Spectracef

#### Requires Prior Authorization

Cedax  
Cefzil  
Lorabid  
Vantin

### Fluoroquinolones (Quinolones) Effective as of December 17, 2003

#### Preferred

ofloxacin (Floxin)  
Avelox, IV  
Cipro, XR, IV

#### Requires Prior Authorization

ciprofloxacin  
Floxin IV  
Levaquin, IV  
Maxaquin  
Noroxin  
Tequin, IV

### Macrolides - Effective as of December 17, 2003

#### Preferred

erythromycin  
Biaxin, XL  
Dynabac  
Zithromax

#### Requires Prior Authorization

none

# Maryland Preferred Drug List

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## CARDIOVASCULAR

### ACE Inhibitor/Calcium Channel Blocker Combination

Effective as of November 5, 2003

#### Preferred

#### Requires Prior Authorization

Lexxel Lotrel Tarka	none
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### ACE Inhibitors (Hypotensives, ACE Inhibitors)

Effective as of December 3, 2003

#### Preferred

#### Requires Prior Authorization

captopril, HCTZ (Capoten, Capozide) enalapril, HCTZ (Vasotec, Vaseretic) lisinopril, HCTZ (Prinivil, Zestril, Prinzide, Zestoretic) moexipril (Univasc) Aceon Monopril, HCT Uniretic	Accupril, Accuretic Altace Lotensin, HCT Mavik
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### Angiotensin Receptor Blockers (Hypotensives, Angiotensin Receptor Antagonist)

Effective as of November 19, 2003

#### Preferred

#### Requires Prior Authorization

Avapro, Avalide Benicar, HCT Cozaar, Hyzaar Diovan, HCT Micardis, HCT	Atacand, HCT Teveten, HCT
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### Beta Blockers (Alpha/Beta-Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)

Effective as of November 5, 2003

#### Preferred

#### Requires Prior Authorization

acebutolol (Sectral) atenolol (Tenormin) betaxolol (Kerlone) bisoprolol (Zebeta) labetalol (Normodyne, Trandate) metoprolol (Lopressor) nadolol (Corgard) pindolol (Visken) propranolol (Inderal) sotalol, AF (Betapace, AF) timolol (Blocadren) Coreg Toprol XL	Cartrol Innopran XL Levatol
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### Calcium Channel Blocking Agents

Effective as of December 3, 2003

#### Preferred

#### Requires Prior Authorization

diltiazem (Cardizem) diltiazem SR, ER (Cardizem SR, CD, Dilacor XR, Tiazac) nicardipine (Cardene) nifedipine, SR (Adalat, CC, Procardia, XL) verapamil (Calan) verapamil ER, SR (Calan SR, Verelan) Dynacirc, CR Norvasc Plendil Sular	Cardene SR Cardizem LA Covera-HS Nimotop Vascor Verelan PM
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### **Lipotropics, Other (Lipotropics, Bile Salt Sequestrants) Effective as of November 5, 2003**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
cholestyramine (Questran, Light) gemfibrozil (Lopid) niacin (Niacor) Advicor Colestid Niaspan Tricor	Lofibra Welchol Zetia

### **Lipotropics, Statins (Lipotropics) Effective as of December 3, 2003**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
lovastatin (Mevacor) Altacor Lescol, XL Lipitor Pravachol Zocor	Crestor Pravigard PAC

## **ENDOCRINE**

### **Bone Resorption Suppression and Related Agents (Bone Resorption Inhibitors, Bone Formation Stim. Agents – Parathyroid Hormone) Effective as of January 7, 2004**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Actonel Fosamax Miacalcin	Didronel Evista Forteo

### **Estrogen Agents, Combination (Estrogenic Agents) Effective as of January 7, 2004**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Activella Combipatch Prefest Premphase Prempro	FemHRT

### **Estrogen Agents, Oral and Transdermal (Estrogenic Agents) Effective as of January 7, 2004**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
estradiol (Estrace) estradiol transdermal patches (Estraderm) estropipate (Ogen, Ortho-Est) Premarin	Cenestin Menest

### **Hypoglycemics, Insulin Effective as of January 21, 2004**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Lantus Novolin Novolog Novolog Mix	Humulin Humalog Humalog Mix

### **Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers) Effective as of December 17, 2003**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Avandia	Actos

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### **GASTROINTESTINAL**

#### **Proton Pump Inhibitors (Gastric Acid Secretion Reducers)**

Effective as of November 5, 2003

##### **Preferred**

Aciphex  
Prevacid

##### **Requires Prior Authorization**

omeprazole  
Nexium  
Prilosec  
Protonix

### **RESPIRATORY**

#### **Inhaled Corticosteroids (Beta-Adrenergics and Glucocorticoids Combination, Glucocorticoids)**

Effective as of November 5, 2003

##### **Preferred**

Advair Diskus  
Aerobid, Aerobid M  
Azmacort  
Flovent, Rotadisk  
Qvar  
Pulmicort Respules (Ages 1-8)

##### **Requires Prior Authorization**

Pulmicort Respules (Over Age 8,  
Under Age 1)  
Pulmicort Turbuhaler

#### **Leukotriene Receptor Antagonists**

Effective as of November 5, 2003

##### **Preferred**

Singulair

##### **Requires Prior Authorization**

Accolate

#### **Nasal Corticosteroids (Nasal Anti-Inflammatory Steroids)**

Effective as of November 19, 2003

##### **Preferred**

flunisolide (Nasalide)  
Flonase  
Nasonex

##### **Requires Prior Authorization**

Beconase AQ  
Nasacort AQ  
Nasarel  
Rhinocort Aqua

### **UROLOGIC**

#### **Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)**

Effective as of November 5, 2003

##### **Preferred**

doxazosin (Cardura)  
terazosin (Hytrin)  
Avodart  
Flomax  
Proscar

##### **Requires Prior Authorization**

none

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### Instructions for the Pharmacist

When the pharmacist submits an on line-prescription for a non-preferred drug product whose class is on the preferred drug list, a message will appear "NON-PREF'D (PA req'd) MD call 1-800-932-3918." The pharmacist should:

- Refer to the PDL reference list
- Notify the customer that the drug prescribed is not a preferred drug
- Contact the prescriber explaining that the drug is a not a preferred drug
- Discuss the preferred drug options with the prescriber

#### **If the prescriber agrees to switch to a preferred drug:**

The pharmacist will:

##### For Original Prescriptions

- Draw a line through the original drug name, strength and directions
- Write the new drug name, strength, directions and number of refills
- Initial and note that the prescriber changed to a preferred drug

##### For Refills

- Pharmacist will note on the original prescription order that a switch has been made to a preferred drug and will create a new prescription number
- Pharmacist will not be required to obtain a new written prescription from the prescriber if a preferred drug is switched from the referenced original non-preferred prescription
- The prescription will be treated as a new prescription with the complement of refills as indicated by the prescriber

#### **If the prescriber does not agree to switch to a preferred drug:**

The pharmacist will explain to the prescriber that:

- He/she must contact the preauthorization center at First Health Services Corporation via telephone at 1-800-932-3918 or via facsimile at 1-800-932-3921
- The prescription cannot be filled until the preauthorization is completed

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After prior authorization has been obtained by the prescriber,

- The First Health Service Call Center will contact the pharmacy confirming pre-authorization
- The pharmacist can then complete the prescription, which was previously denied

**When the prescriber cannot be contacted, the pharmacist is to call the preauthorization call center at 1-800-932-3918 to obtain approval for a 72-hour emergency supply of a non-preferred drug**

- The pharmacist is to dispense the non-preferred drug
- Within the 72-hour window, the prescriber is to be contacted
- The pharmacist will receive a \$3.69 dispensing fee for the 72-hour supply and the recipient will not be charged a co-pay (e.g. \$0 co-pay)

**When the prescriber is contacted after the 72-hour supply has been dispensed and the prescriber continues with the non-preferred drug:**

- The prescriber is to be advised that he/she must obtain prior authorization before the remainder of the prescription can be dispensed
- After prior authorization has been established, the pharmacist can dispense the remainder of the prescription and receive an additional \$3.69 dispensing fee
- The appropriate co-pay will be charged to the recipient

**When the prescriber is contacted after the 72-hour supply has been dispensed and the prescriber elects to switch to a preferred drug:**

- Pharmacist completes the notation process previously described
- The pharmacist will receive a dispensing fee of \$4.69 and no-co-pay will be assessed to the recipient

**When the pharmacist is having difficulty contacting the prescriber after the 72-hour supply has been dispensed, if necessary, a second 72-hour supply may be dispensed. However, the pharmacy must contact the Department for further instructions at 410-767-1455.**